| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001  |  |   |        |                        |        |            |                        |          |
|--|--|---|--------|------------------------|--------|------------|------------------------|----------|
| CLAIMS A   | SMAL   | EMMY  | OR     | OTHER                  |        |            |                        |          |
| TOTAL CLAIMS   | 21   |   | RAT    | E FEE                  | 1      | RATE       | FEE                    |          |
| FOR  | MUMSER FILED                                     | MANGER EXTR                                   | BASIC  | FEE 370.00             | OR     | BASIC FEE  | 740.00                 |          |
| TOTAL CHARGEABLE CLAIMS  | 2 / minus 20-                                    | - /   | XS     |                        | OR     | X\$18=     | 18                     | . '      |
| INDEPENDENT CLAIMS   | 44 minus 3 =                                     | • 1   | X42    |                        | OR     | . X84=     | 84                     |          |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |        |                        |        | •          | 0                      |          |
| * If the difference in column 1 is less than zero, enter "O" in column 2   |  |   |        | )=<br>                 | OR     | +280=      |                        | *        |
| 4-1 05 CLAIMS AS A   |  |   | JOR.   | OTHER                  |        | ٠.         |                        |          |
| 100000000  |  | mn 2) (Colum                                  | SMA    | TT ENLITA              | OR     | SMALL      |                        | l        |
| CLAIMS REMANDIG AFTER AMENDMENT  Total  Total | NUA<br>PREVI                                     | IBER PRESE<br>CUSLY EXTR                      |        | E TIONAL<br>FEE        |        | RÄTE       | ADDI-<br>TIONAL<br>FEE |          |
| Total • [9   | Minus Q  | . • .   | / xs   |                        | OR     | X\$18=     |                        | ·        |
| Independent • 3  | Mires  | 4 1.  | X42    | · e                    | OR     | -X84=      |                        | <u> </u> |
| FIRST PRESENTATION OF A  | MULTIPLE DEPENDEN                                | TCLAIM  | +14    | )s, ·                  | OR     | +280=      |                        |          |
| 4  |  |   | ADOIT  | TAL                    | OR     | ADDIT. FEE |                        |          |
| 2-2106 (Column 1)  | · (Cot   | mn 2) (Colum                                  | n.3)   |                        |        |            | · ·                    |          |
| CLAMS REMARKING AFTER AMENDMENT  Total  Independent  Total  | NUI<br>PREV                                      | HEST<br>HEER PRESE<br>HOUSLY DATE             |        | ADDI-<br>TIONAL<br>FEE |        | RATE       | ADDI-<br>TIONAL<br>FEE | ŀ        |
| Total • 19   | Minus ••   | 21 •  | / xs   | -                      | OR     | X\$18=     |                        |          |
| Independent • 3  | Minus •••  | 4 - /   | X42    |                        | OR     | X84=       | • •                    |          |
| FIRST PRESENTATION OF M  | ALTIPLE DEPENDEN                                 | T CLAIM _                                     | .+14   |                        | OR     | +280=      |                        |          |
|  |  |   | ADDIT. | TAL .                  | OR     | ADOIL FEE  |                        |          |
| 4-0306 (Cotumn 1)  | (Coh   | mn 2) (Colum                                  | 1.0    | Let Strategies         | _      | reast. FEE |                        | 1        |
| CLAIUS REMAINING AFTER AMENDMENT   | HOG<br>HUS<br>PREV                               | MEST MEER PRESE LOUSLY EXTR                   |        | ADDI-<br>TIONAL<br>FEE |        | PATE       | ADOI-<br>TIONAL<br>FEE |          |
| Total 19   | Minus  | 21 .  | X\$ 6  |                        | OR     | X\$18-     |                        | Ĭ .      |
| Total 19   | Minus ese  | 4 •   |        | <del></del>            | OR     | X84= /     | /                      | 1        |
| FIRST PRESENTATION OF I  | AUCTIPLE DEPENDEN                                | TCLAIM  |        |                        | 15     | /          | -                      |          |
| * If the entry is column 1 is less than the entry in column 2, write 'V' in column 3.                                      |  |   |        | M.                     | OR     | +260=      |                        |          |
| "If the "Highest Number Previously<br>"If the "Highest Number Previously<br>The "Highest Number Previously F               | Paid For IN THIS SPACE<br>Paid For IN THIS SPACE | is less than 20, entr<br>is less than 3, este | AZOTT. | TEE                    | m proc | ADDIT. FEE |                        | 1        |
| SOSIA PTO-CTA (Ber BOS)  |  |   |        | Indental Office.       |        |            | COMMERC                | Į        |

Application or Docket Number